2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State
02-05-2007 90197 012 ****50.00

DOCUMENT # L06000031292

1. Entity Name
BARRIER ISLAND ASSOCIATES, LLC

Principal Place of Business	Mailing Address
P.O. BOX 880 CAPTIVA, FL 33924 US	P.O. BOX 880 CAPTIVA, FL 33924 US

02012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17171 Captiva Dr.	PO Box 880
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Captiva, FL	City & State: Captiva FL
Zip: 33924 Country: USA	Zip: 33924 Country: USA

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: ~~Owner~~ Manager NAME: Michael Mullins STREET ADDRESS: 17171 Captiva Dr - PO Box 880 CITY-ST-ZIP: Captiva, FL 33924	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: managing member NAME: Cannella Mullins STREET ADDRESS: 17171 Captiva Dr. POBox 880 CITY-ST-ZIP: Captiva, FL 33924	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Cannella C. Mullins
SIGNATURE: Cannella C Mullins — Date: 2/1/07 — Daytime Phone #: 239-395-3546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE